



Town of North Hempstead

Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327

Tel. (516) 869-7660 Fax. (516) 869-7662

PLUMBING PERMIT REQUIREMENTS AND CHECKLIST

(pursuant to Chapter 2 of the Town Code)

ALL APPLICATIONS

- Completed Application Form in triplicate
- Original notarized owner's affidavit on each copy
- Original notarized contractor signature on each copy (not req. for a legalization to "maintain" plumbing, unless gas appliances and/or gas piping is involved, in which case a licensed plumber is required.
- 2 copies of the property survey showing all existing conditions
- Contractor's name, address, phone number and license # or Nassau County Home Improvement License #.
- All applicable insurance forms must be attached- see back page and/or ask us if you have any insurance questions before attempting to file this permit. We need W/C, Disability, Liability and a copy of your License.

PLUMBING APPLICATIONS (must be notarized by a licensed plumber)

- 2 copies of a plumbing riser diagram with size of pipes attached – matches any architectural drawings and fixture count on back of form
- Fixtures checked on back of forms
- Provide estimated cost where indicated.

SPRINKLER APPLICATIONS (must be notarized by a sprinkler contractor)

- A set of plans & same set of plans signed off by the Fire Marshal and presented towards the end of job
- Plan/diagrams for the specific scope of work
- Provide estimated cost where indicated.

DRAINAGE APPLICATIONS (must be notarized by excavation contractor)

- Site plan (survey required w/ setbacks to legalize) showing location of drywells and distances from property lines and structures and approximate locations of pipes leading to drywells
- Sections of drywells showing size (drawings and calculations must be signed & sealed by an engineer or architect or landscape architect
- Calculations showing that drywells meet Town of North Hempstead storm water retention req.
- Provide estimated cost where indicated

SEPTIC/CESSPOOL APPLICATIONS (must be notarized by excavation contractor)

- Site plan showing location of septic, cesspool, leaching pools and distances from property lines and structures
- Sections of septic and leaching pools showing size (Please provide total number of bedrooms in home)
- Provide estimated cost where indicated

SEWER APPLICATIONS (must be notarized by excavation contractor)

- Permit from sewer authority
- Highway/road opening permit from appropriate jurisdiction
- Provide estimated cost where indicated.

HVAC APPLICATIONS (must be notarized by HVAC contractor that holds a HVAC LICENSE from Nassau County)

- Site plan (survey required w/ setbacks to legalize) showing location of any outside units, including rooftop units, and distances from property lines
- Size of unit(s) in tons and db rating
- Provide estimated cost for HVAC ductwork.

GENERATOR APPLICATIONS (must be notarized by generator contractor)

- Site plan (survey required w/ setbacks to legalize) showing location and size of any outside units and distances from property lines

BURNER APPLICATION (must be notarized by a licensed plumber)

- Make and model number of the burner

GAS PIPING

- Gas piping riser diagram with size of pipes and linear feet of piping
- Indicate the BTU's of the Boiler, H/W Heater, Furnace, Generator, Pool Heater or other major gas appliances.

FUEL TANKS (must be notarized by contractor)

- Site plan (survey required w/ setbacks to legalize) showing location of outside tanks to be removed or installed
- Fuel Oil Tank Removal, Abandonment or Installation form
- Nassau County Department of Health form as needed

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH DIFFERENT CONTRACTOR PERFORMING WORK AT THE SITE.

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Application Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Zone: \_\_\_\_\_

Bldg Permit Number: \_\_\_\_\_

**APPLICATION FOR PERMIT:**

**PLUMBING, HEATING, DRAINAGE, SEWAGE DISPOSAL, AND HVAC**

Issued Pursuant to §2-9 of the Code of the Town of North Hempstead

Residence [ ] Commercial [ ] New Building [ ] Addition [ ] Repair [ ]

Plumbing [ ] HVAC [ ] Sprinkler [ ] Drainage [ ] Gas Piping [ ]

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot (s): \_\_\_\_\_ Date: \_\_\_\_\_

**Address of Permit Activity:**

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Street: \_\_\_\_\_

**Owner's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contractor's Info:** ( ) Plumber ( ) HVAC Contractor ( ) Sprinkler Contractor ( ) Drainage Contractor

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Work: \_\_\_\_\_

I (we) hereby certify that:

- 1) I (we) agree to permit the Plumbing Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
- 2) Permit shall expire three (3) months from the date of issuance **unless construction is in progress**. No work is to be started until permit has been received and posted by the owner/applicant/plumber. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of quadruple fee penalties pursuant to Section 2-28 C and the fee schedule of the Code of the Town of North Hempstead.
- 3) Plumbing Inspector shall be given a minimum of 72 hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
- 4) Contractor shall be responsible to arrange for all required inspections.
- 5) I certify that all installations will be in accordance with the Code of the Town of North Hempstead and the New York State Building Construction Code and lead free solder composition equal to or less than 0.2% lead, according to ASTM B32.

I submit this affidavit with full knowledge that the Building Department and the Town of North Hempstead rely upon the truth of the statements and information contained herein.

\_\_\_\_\_ (Property Owner) deposes and says that he/she resides at \_\_\_\_\_  
in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcels of land shown on the attached survey  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot (s) \_\_\_\_\_ situated, lying and being within the unincorporated area of the Town of  
North Hempstead; that I/we have read and understand items 1 through 5 as herein stated, that the work to be done on the  
premises will be done in accordance with the approved application and accompanying plans, of which he/she is totally  
familiar and that he/she hereby names the contractor listed below as his/her representative to file this application on  
his/her behalf.

Signature of Owner \_\_\_\_\_ Signature of Licensed Plumber/Contractor \_\_\_\_\_

Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_ Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

No. Gas Appliances: \_\_\_\_\_

( ) Gas ( ) LP Gas ( ) Oil

[illegible]

- Schematic riser diagram required for sanitary piping plumbing permit.
- Schematic piping plan illustrating length of pipe runs required for gas piping permit.
- Sprinkler drawings are required for sprinkler permits and must include fire marshal's approval.
- Site plan and survey required for drywells, cesspools, and grease trap permits.
- Site plan and survey illustrating location of exterior placed equipment required for HVAC permit. HVAC equipment may not be located in the required minimum side or rear yard or in any front yard.
- Sewer application shall include permit from county or local sewer authority and highway permit/road opening permit.
- Applications for gas appliances must be accompanied by gas piping applications unless direct replacement of existing appliance.
- Town Fuel Oil Tank Removal, Abandonment or Installation form, Nassau County Department of Health tank removal form and survey required for Fuel Tank removals and or replacement dependent on action.

Date signed off: \_\_\_\_\_ Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE



**Town of North Hempstead**  
**Department of Building and Safety Inspection and Enforcement**

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Cross Street: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature of Owner \_\_\_\_\_ Signature of Licensed Plumber/Contractor \_\_\_\_\_

Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_ Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

No. Fixtures: \_\_\_\_\_

No. Gas Appliances: \_\_\_\_\_

Indicate quantity of items unless otherwise indicated

( ) Gas    ( ) LP Gas    ( ) Oil

Indicate quantity of items unless otherwise indicated					
FIXTURES	Location				Date of Insp.
Location	B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
Water Closet					
Lavatories					
Bathtub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Grease Trap					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Sprinkler Heads					
Roof Drains					
Floor Drains					
Drinking Fountain Water Cooler					
<b>Estimated Cost</b>					
<b>INFRASTRUCTURE</b> Indicate quantity & cost					
Sewer					
Septic/Cesspool					
Leeching Pools					
Drywells					
Main Water Service					
Fuel Tank # and Size					

[illegible]

### ADDITIONAL REQUIREMENTS

- Schematic riser diagram required for sanitary piping plumbing permit.
- Schematic piping plan illustrating length of pipe runs required for gas piping permit.
- Sprinkler drawings are required for sprinkler permits and must include fire marshal's approval.
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FOR OFFICE USE ONLY

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\_\_\_\_\_  
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FIXTURES	Location				Date of Insp.
	B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
Location					
Water Closet					
Lavatories					
Bathtub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Grease Trap					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Sprinkler Heads					
Roof Drains					
Floor Drains					
Drinking Fountain Water Cooler					
Estimated Cost					
INFRASTRUCTURE      Indicate quantity & cost					
Sewer					
Septic/Cesspool					
Leeching Pools					
Drywells					
Main Water Service					
Fuel Tank # and Size					

(   ) Gas   (   ) LP Gas   (   ) Oil

Location	Yd	1	2	3	Rf	Cost	Date of Insp.
# Ft Gas Piping – If/cost							
HVAC Unit							
HVAC ductwork –cost							
Furnace Gas/Oil							
Boiler Gas/Oil							
H/W Heater Gas/Oil							
Indirect Storage Tanks							
Stove							
Oven							
Range (Counter Range)							
Dryer							
Generator							
Gas Fire Place							
Pool Heater							
Barbeque							
Steamer							
Roof Top Heater							
Unit Heater							
Infrared Heater							

ADDITIONAL REQUIREMENTS

- Schematic riser diagram required for sanitary piping plumbing permit.
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FOR OFFICE USE ONLY

Date signed off: \_\_\_\_\_ Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_

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# TOWN OF NORTH HEMPSTEAD

## INSURANCE AND LICENSE REQUIRMENTS FOR A PERMIT

The Town of North Hempstead, Nassau County, and the State of New York, require that no building permit may be issued until all current insurances and license information is presented for each permit.

**FOR ALL CONTRACTORS: FOR EACH PERMIT** (before permit issuance), we require a copy of your current **Nassau County Home Improvement License** (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of your current license), a copy of your liability insurance, NYS Disability Insurance, and NYS Worker's Compensation Insurance. All three insurances must list the "Town of North Hempstead, 210 Plandome Road, Manhasset, NY. 11030", as the "Certificate Holder" or "Additional Insured" on each insurance policy.

For a **HOMEOWNER** serving as his own general contractor, a **BP-1 form** may be sufficient as described below.

For a demolition permit, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

- STAND-ALONE PERMITS** (such as plumbing, signs, fences, trees, etc; (not connected to building projects), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition or new home), insurances may be submitted just before a permit is issued.

**Liability** insurance is usually submitted on a standard "Acord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Acord form). What we can accept is stated below:

### NEW YORK STATE INSURANCE REQUIREMENTS

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

- Form BP-1 (12/08)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner occupied Residence** (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.
- Form CE-200** from **Group A** attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below
- A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

The ONLY ACCEPTABLE forms are as follows:

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With <u>No</u> Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
B	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
B	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
B	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
B	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
C	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
C	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.